Harrisburg Human Relations Commission
Use only

Docket No. _____
EEOC No. _____
Social Security No. _____

HRC can investigate complaints of discrimination based upon race, color, religion, ancestry, age (40-70), sex, national origin, non-job related handicap or disability, known association with a handicapped or disabled individual, a general education development certificate, sexual preference/orientation, familial status, place of birth, marital status.

IN-18 FORM **FAILURE TO ACCOMMODATE QUESTIONNAIRE**

Questionnaire on the incident you are complaining about.

Rev.-10-01

To avoid rewriting your answers, please read this short questionnaire from beginning to end before filling out your answers to individual questions. Please answer every applicable question as fully as possible, and to the best of your present knowledge, information and belief. If you are unsure of your answer, please say so. It is your responsibility to notify this Agency of a change of address or times of unavailability. Failure to notify this Agency may result in dismissal of the matter.

Name _____

Address _____

City _____ State _____Zip Code _____

County _____ Telephone No. H ( ) _____ W ( )_____

May we call you at work? Yes _____ No _____

Caution: Failure to correctly identify the name of the legal entity you are complaining about will hinder the processing of your complaint. Bring pay stubs, W-2 forms, contracts, etc. to aid in verification of the name and address.

Name of Organization your complaint is against:

Name _____

Address _____

City _____State _____Zip Code_____

Type of Business _____

Number of employees who work at the organization named above. Please check one.

Less than 4 _____ 15 to 100 _____ 201 to 500 _____ Unknown _____

4 to 14 _____ 101 to 200 _____ 501 plus _____

Name and address of person who will know how to contact you and who does not reside in your home.

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone No. H ( ) _____ W ( ) _____

In this Questionnaire, you will see the word "class" mentioned. **Class means the person's race, sex, age, ancestry, religion and so on.** Depending on the issues in the complaint, you may belong to two or more classes. For example, a Black female could belong to two classes: race/Black and sex/female. A White male could belong to race/White and sex, male. All persons named in the complaint or questionnaire should be identified by their class as follows: John Doe (White male), John Doe (under age 40), Jane Doe (Black female). For example, if your complaint is based on race, include the race of all persons mentioned. If it is a sex complaint, mention the sex of all persons mentioned.

1. **Discrimination means difference of treatment.** Please explain what happened to you and why you feel you were treated differently. In other words, what happened to persons of a <u>different class</u> that makes you feel they received more favorable treatment than you.

   _____

   _____

   _____

2. If you believe the organization treated you this way because of one or more of the reasons listed below, please check those reasons. If you believe the employer treated you this way for a reason which is not listed, explain what you believe to be the reason.

___ Sex	___ Ancestry	___ Age (40-70) ___ Date of Birth
___ Race	___ National Origin	___ Use of guide dog or support animal
___ Color	___ GED	___ Sexual preference/Orientation
___ Religious Creed	___ Retaliation	
___ Place of Birth	___ Marital Status	___ Non-job related handicap/disability
___ Familial Status		identify your disability _____

   _____

3. What is the exact nature of your handicap/disability, and to what extent does it limit such major life activities such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working?

   _____

4. How long have you had this condition?

   _____

5. How long is your condition expected to last?

_____

6. What types of physical activity are difficult or impossible for you to perform?

_____ Visual _____ Bending _____ Dexterity _____ Standing for long periods

_____ Hearing _____ Stooping _____ Running _____ Sitting for long periods

_____ Walking _____ Turning _____ Swallowing _____ Perform manual tasks

_____ Lifting _____ Climbing _____ Other** _____ Caring for yourself

If Other,** please explain. _____

_____

Please provide copies of any medical information, certifications, etc., regarding your handicap/disability.

7. Do you have any restrictions on mental activities?

Yes _____ No _____

If yes, please explain. _____

_____

7a. Please provide names and addresses of doctors, hospitals, counselors, organizations, etc. who may be able to provide data concerning your handicap/disability and the extent of any treatment or specialized training you have had or are receiving.

Name/Title _____

Address _____

Treatment/Training _____

_____

_____

Name/Title _____

Address _____

Treatment/Training _____

_____

_____

Name/Title _____

Address _____

Treatment/Training _____

_____

_____

7b. Do you have a physician, health service or rehabilitation clinic that has/will certify that you can perform the job in question with or without reasonable accommodation?

Yes _____ No _____

If yes, please give names and addresses.

Name/Title _____

Address _____

Name/Title _____

Address _____

8. Do you know of others in your **CLASS** who have received the **same** or **similar** conditions? Please indicate their names, addresses, telephone numbers and their **CLASS.**

Name _____

CLASS _____ Telephone Number _(___)_____

Address _____

Name _____

CLASS _____ Telephone Number _(___)_____

Address _____

9. Do you know of others treated **differently** under the **same** or **similar** conditions? Please indicate their names, addresses, telephone numbers and their **CLASS.**

Name _____

CLASS _____ Telephone Number _(___)_____

Address _____

Name _____

CLASS _____ Telephone Number _(___)_____

Address _____

How were they treated **differently**?

_____

_____

_____

10. If the physician, etc. stated you could perform the job with a reasonable accommodation, did you request this accommodation?

` Yes _____ No _____

10a. From whom did you request this reasonable accommodation?

Name/Title _____

10b. Was any cost attached to the reasonable accommodation?

Yes _____ No _____

If yes, approximately how much would these accommodations cost, including special equipment, building renovations and work force changes?

_$_____

10c. When did the employer become aware of the certification that you could perform the job with or without reasonable accommodation?

Date _____

Did the Respondent refuse the request for a reasonable accommodation?

Yes _____ No _____

When was the reasonable accommodation refused?

Date _____

Who refused the reasonable accommodation?

Name/Title _____

What reason(s) was/were given, if any? _____

_____

11. Did the Respondent offer another or different accommodation?

Yes _____ No _____

11a. If yes, what was it? _____

_____

_____

11b. Did you and/or your doctor refuse it?

Yes _____ No _____

If yes, why? _____

_____

12. Do you have any receipts or documents to back-up what you are saying?

Yes _____ No _____

If yes, please attach any copies you may have.

13. Do you have any witnesses to this treatment?

Yes _____ No _____

13a. If yes, please list them.

Name/Title _____ **CLASS** _____

Address _____

_____ Telephone Number _____

What will this person say? _____

_____

_____

Did he/she personally observe what happened?

Yes _____ No _____

Name/Title _____**CLASS** _____

Address_____

_____Telephone Number

What will this person say?_____

_____

_____

Did he/she personally observe what happened?

Yes _____ No _____

Use the continuation Page at the back of the questionnaire, if more space is needed.

14. Have you taken any court action regarding this matter?

Yes _____ No _____

If so, please specify in what court and the date you filed, to the best of your recollection.

Name of Court _____

Date Action Filed _____

City _____ County _____

If there are other facts you feel should be considered, record these on the last page of the questionnaire (Continuation Page).

I hereby verify that the statements contained in this complaint are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. Section 4904, relating to unsworn falsification to authorities.

_____
Signature Date

_____
Address

_____(__)_____
City, State and Zip Code Telephone Number

CONTINUATION PAGE

For use if additional pages are needed to answer any question(s). Indicate the question number that is being answered before each response below.